



421 Wakara Way
Suite 208
Salt Lake City, UT 84108

Recipient's Address
Office Manager name
Clinic Name
Street Address
City, State, and ZIP

November 7, 2007

Dear XXX

We are writing to introduce you to the Evidence-based Pharmacotherapy Review program (EbPR), a program aimed at improving the health of pediatric patients with asthma who are insured by Utah Medicaid. We have also sent physicians in your office this information. One component of EbPR is providing information, based on Medicaid claims data, to physicians about medication use and visits to other providers by their patients. Another component is providing training, tools, and support to assist with changing processes in the practice to improve the quality and consistency of care for children with asthma.

The enclosed materials include a copy of the letter sent to the providers listed below. These providers have been identified using claims data, as caring for patients who appear to be at relatively high risk for needing emergent care or hospitalization in the near future. The letter briefly describes EbPR and provides a detailed description of the Process Engineering program being offered, which will be led by the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ).

Please review these materials with your physicians and let us know if you have any questions. We would appreciate your facilitating their decision-making, and hope that your office will participate. Please fax back the group's decision at your earliest convenience.

Once you've confirmed the practice's participation, the process engineering team will call your designated lead contact to provide additional information about the program and schedule the initial assessment.

If you have any questions please don't hesitate to contact myself or Dana Patterson, MPH, UPIQ program manager at (801) 585-6480 or dana.patterson@hsc.utah.edu.

Sincerely,

Chuck Norlin, MD
Director, UPIQ
(801) 581-5239
chuck.norlin@hsc.utah.edu

Physicians who received letters from EbPR -

Enclosures (2)



421 Wakara Way
Suite 208
Salt Lake City, UT 84108

Recipient's Address
Dr. Name
Clinic Name
Street Address
City, State, and ZIP

April 18, 2008

Dear Dr.

Pediatric Asthma is complex and monitoring and managing patient medication use can be difficult. In an effort to improve the health of Utah Medicaid patients, a new program is being implemented to provide you with information about medication use and visits to other providers by your patients with asthma.

Evidence-based Pharmacotherapy Review Program (EbPR)¹

The purpose of this program is to offer un-biased, non-commercial information and to support local providers in caring for their patients insured by Utah Medicaid. Using Medicaid claims data and criteria based on studies of asthma risk and the National Heart Lung and Blood Institute (NHLBI) guidelines,² the program will identify pediatric patients at relatively high risk of requiring emergent care or hospitalization.

With this information and further support, the Program aims to enhance your efficiency and effectiveness and to help you improve patient adherence and prevent adverse events. Approximately once every 3 months, we will send a detailed summary of your asthma patients who are identified by the criteria mentioned above. This summary will include their medication and visit claims history, along with evidence-based prescribing recommendations. It will be suitable for insertion into the patient's medical record. Please look for this information; it should be arriving at your office within the next 30 days.

Process Engineering

We will also offer in-office assistance through an evidence-based 'Process Engineering' program led by the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ). In this program, a team will work with you, your partners, and your staff to develop a quality improvement plan and provide you with training, tools, and support to help you successfully improve the health of your asthma patients.

Please review the attached description of the Process Engineering program and discuss it with your partners. We ask that, as a group, you agree to participate and identify one physician in your practice who will serve as the lead contact to facilitate communications. This information has also been sent to your office manager, who will likely be key to assuring successful development and implementation of your improvement plan.

Please contact Chuck Norlin (info below) if you have any questions about the program. We encourage you to participate and look forward to working with you.

Sincerely,

Gary Oderda, PharmD, MPH
Director, EbPR
(801) 585-1027
gary.oderda@pharm.utah.edu

Chuck Norlin, MD
Director, UPIQ
(801) 581-5239
chuck.norlin@hsc.utah.edu

¹ EbPR is funded by a Medicaid Transformation grant to the Utah Division of Healthcare Financing (Utah Medicaid) and involves the University of Utah's Department of Pharmacotherapy, the Informatics, Decision Enhancement And Surveillance (IDEAS) Center, UPIQ, and *HealthInsight*.

² Guidelines for the Diagnosis and Management of Asthma - Summary Report 2007. National Heart, Lung, and Blood Institute; short version (74 pages) available at: <http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm>

FAX

Fax #: (801) 581-3899
Attn: Dana Patterson
Phone #: (801) 585-6480
e-mail: dana.patterson@hsc.utah.edu



421 Wakara Way
Suite 208
Salt Lake City, UT 84108

Evidence-based Pharmacotherapy Review Program (EbPR)

Process Engineering (PE)

Research suggests that physician prescribing practices benefit from educational outreach and that effecting change in practice is helped by guidance in process improvement. The process engineering part of the Evidence-based Pharmacotherapy Review program aims to help physicians assess their improvement needs and to provide resources to assist them in caring for Medicaid patients with asthma.

We are pleased to offer this program to you and your practice partners and staff. The program consists of an initial assessment, up to three in-office sessions, and ongoing support and feedback over 6 months.

Onsite Assessment – an initial assessment of your practice's approach to assuring optimal care for patients with asthma will be assisted by Dana Patterson, MPH, UPIQ's Program Manager. Dana will help your chosen physician contact and a key staff member outline the relevant processes and the tools you currently use. She will ask you to identify a practice team (including physicians, a medical assistant or nurse, and an office manager) to work with in developing and implementing an improvement plan.

1st PE Session – at a time scheduled to meet your practice team's needs, we will meet in your office for 45 minutes with physicians and staff to

- review the initial assessment,
- review patient-specific claims data (mentioned in the cover letter),
- provide an overview of the principles of quality improvement in primary care practice,
- begin development of a quality improvement (QI) plan, and
- determine how best to provide you with tools and ongoing training and support.

2nd PE Session – in-office meeting (30-45 minutes) with a clinical pharmacist and UPIQ to

- review asthma prescribing guidelines,
- follow-up on QI plan,
- provide any needed tools, training, and support
- assess additional practice needs, including the focus/topic of the 3rd Session

3rd PE Session – scope and topic based on your needs/desires, and

- provide an update and ask for feedback on the patient-specific claims data,
- identify any further tools and/or training your practice could use.

We encourage you to take advantage of this opportunity. Please discuss with your partners and return this form by fax with your participation indicated. Please also choose a physician who will serve as the lead contact for this program and provide his/her contact information below. If you have any questions, please contact Chuck Norlin, MD at (801) 581-5239 or chuck.norlin@hsc.utah.edu.

___ **We ARE interested in participating in this process engineering program.**

___ **We ARE NOT interested in participating.**

Practice name _____ **Lead Contact:** _____

Phone #: _____ **or** _____ (prefer a back-line # - we will not abuse it)

Fax #: _____ **e-mail:** _____

Please return by fax to (801) 581-3899 – Thank you!